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CONFIRMATION NO. 3121

<b>SERIAL NUMBER</b> 10/776,545	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> MEDIV2010-5
<b>APPLICANTS</b> Ran Kornowski, Ramat Hasharon, ISRAEL; Shmuel Fuchs, Rockville, MD; Stephen E. Epstein, Rockville, MD; Martin B. Leon, New York, NY;				
<b>** CONTINUING DATA *****</b> <i>OK</i> <i>or</i> This application is a DIV of 09/868,411 06/14/2001 PAT 7,097,832 which is a 371 of PCT/US00/08353 03/30/2000 which claims benefit of 60/138,379 06/09/1999 and claims benefit of 60/126,800 03/30/1999				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>or</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/08/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>David Mays</i> Acknowledged <i>or</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 17
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 28213				
<b>TITLE</b> Intramyocardial injection of autologous bone marrow				
<b>FILING FEE RECEIVED</b> 514	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	